


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 030 ****61.25

DOCUMENT # N98000000441 1. Entity Name WOMEN OF ZION INTERNATIONAL, INC.			
Principal Place of Business 6821 CAVACADE DR. BLDG. 39T TAMPA, FL 33614		Mailing Address PO BOX 15101 TAMPA, FL 33684	
2. Principal Place of Business 1724 1/2 E. FERN Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, Florida		City & State 	
Zip 33610		Country U.S.	
4. FEI Number 59-3489382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARBETT, JAMES S ESQ 10014 N DALE MABRY SUITE 101 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD NAME COLE, PAULINE L STREET ADDRESS 2424 TAMPA BAY BLVD L 101 CITY-ST-ZIP TAMPA, FL 33607	TITLE	PD NAME Pauline L. COLE STREET ADDRESS 1724 1/2 E. FERN CITY-ST-ZIP Tampa Florida 33610
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NAME WATSON, MARY ANN STREET ADDRESS 6408 N. 24TH STREET CITY-ST-ZIP TAMPA, FL 33610	TITLE	VD NAME Brenda Greenway STREET ADDRESS 10346 Chadbourne DR. CITY-ST-ZIP Tampa, Florida 33624
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S NAME TOXNG, YOLANDA STREET ADDRESS P.O. BOX 4116 CITY-ST-ZIP TAMPA, FL 33679	TITLE	S NAME Virginia Helper STREET ADDRESS 701 E. Ohio street CITY-ST-ZIP Plant City, Florida 33563
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME CLEMONS, CLAUDIA STREET ADDRESS 8007 N KLONDYKE CITY-ST-ZIP TAMPA, FL 33604	TITLE	T NAME Claudia Clemons STREET ADDRESS 1323 E. Liberty street CITY-ST-ZIP Tampa Florida 33612
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Pauline L. Cole (Pauline L. Cole)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>8-13-2004</u> <small>Daytime Phone #</small>	